nutrition strategies. Online canteens, where parents or students order and pay for their child's lunch online, represent a novel and attractive opportunity to deliver interventions to improve healthy food purchases at scale with high fidelity.

Aim: Given the increasing use of online canteens, the researchers sought to investigate the efficacy of using an online canteen system to deliver a consumer behaviour intervention to improve the healthiness of canteen lunch order purchases for primary school students. This presentation comprehensively describes the study protocol for a cluster randomised trial investigating this research question.

Methods: Ten NSW schools currently using an online canteen will be randomised in a 1:1 ratio to receive either the intervention or control (standard online ordering only). The intervention will include a suite of consumer behaviour strategies to encourage healthy food purchase including (i) availability (increasing availability of healthy items), menu labelling, placement and prompting. Intervention efficacy will be assessed through between group comparison of the nutritional value of lunch order purchases, as recorded by the online ordering system at baseline (6 month period pre-intervention) and follow up (6-month period post-intervention commencement). Specifically, the trial will assess the total kilojoule, saturated fat, sugar and sodium content of food and beverages purchased of online lunch orders and (ii) the proportion of foods purchased of high (green) and low (red) nutritional value as determined by state canteen policy.

Conclusion: The proposed trial represents the first randomised trial internationally to examine the efficacy of an online intervention on improving healthy food purchases from a primary school canteen

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Community junior sport sponsorship: Children's responses to unhealthy food vs. pro-health sponsorship options

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Background: Participation in community junior sport delivers many health benefits to children; however, exposure to unhealthy food sponsorship in these settings may promote unhealthy food choices to children, and ultimately contribute to poor health outcomes.

Aim: To explore children's responses to sponsorship of community junior sport by unhealthy food brands, and investigate the utility of alternative, pro-health sponsorship options.

Methods: Experimental design whereby 1000 students in grades 1 to 3 from Melbourne metropolitan primary schools will be randomly assigned to one of four sponsorship conditions: (i) unhealthy food branding; (ii) healthy food branding; (iii) non-food branding; (iv) obesity prevention campaign branding. All participants will initially be exposed to an image of a merchandise set for their favourite sport branded with the logo corresponding to their assigned condition—thus simulating the process of enrolling in a local sports club and receiving branded merchandise at the start of the season. Following exposure to the intervention, participants will complete a series of questions assessing their brand awareness, brand attitudes, and preference for food sponsor products.

Results: Data collection for this study is underway and will be completed in July. Results will be available for presentation at the conference. For the analysis, logistic regression will be used to examine the effects of sponsorship condition on the proportion of students with top-of-mind awareness and preference for the (a) unhealthy food sponsor product and (b) healthy food sponsor product respectively. Analysis of variance will be used to

test for mean differences in ratings of the unhealthy and healthy food sponsor products by condition.

Conclusion: This timely study will yield practical evidence on the utility of alternative, pro-health sport sponsorship options. Such evidence could help inform population-based strategies to modify the community junior sport sponsorship environment so as to foster healthy eating by children.

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''The Change Program'' — An Australian general practitioner delivered weight management program, results of a six month pilot implementation trial

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Introduction: General practitioners (GPs) need support and structured tools to assist them in managing patients with obesity. This six month implementation pilot based on Normalisation Process Theory aimed to assess the feasibility and acceptability of a weight management program (The Change Program) delivered by GPs within primary care.

Methods: The pilot study consisted of a single arm trial based on Normalisation Process Theory. GPs ($n = 12$) across five practices (four urban, one rural) were recruited via email and then recruited their own patients ($n = 23$). GPs were interviewed at time zero and 6 months and patients were interviewed at the end of the pilot. In addition, patients completed online surveys at time zero, 3 months and 6 months. Anthropometric data was collected using a file-based template.

Findings: Qualitative data analysis identified that GPs appreciated the structure of The Change Program and found it differed significantly from their usual consultation practices. They reported a significant increase in their confidence in managing obesity. Integration within daily practice would require activation of practice management systems to make the program sustainable. Patients found that establishing a constructive, collaborative working relationship with their GP was fundamental to their ongoing involvement in the program as well as meeting their weight loss and lifestyle change goals. Intention-to-treat analysis demonstrated that patients lost an average of 3.2% (SD 3.7, median 1.8%) of their body weight at 6 months with a range from −3.2% to 10.5%. Patients also provided feedback for improving The Change Program patient handbook.

Conclusion: This pilot study demonstrated that a GP-led weight management program is feasible and acceptable to GPs and their patients and suggested that a key determinant of success was to build on the values of person-centred primary healthcare. The positive results of this pilot confirm that a trial to assess overall effectiveness is needed.

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Does eating more at night influence weight?

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Background: Although a belief commonly held by society, it is unclear whether eating a greater proportion of energy in the evening contributes to the development of obesity.

Aim: This systematic review investigates the association between the proportion of daily energy intake consumed in the evening and weight outcomes in adults.

Methods: A search of seven major databases yielded 6975 results published from 1928 to 2016. Of these, 94 full texts were reviewed and 13 studies were eligible for inclusion in the review. Studies were included if the primary outcomes were weight and BMI. Eligible studies needed to specify the proportion of daily energy intake consumed during the evening. As there is no consensus regarding the definition of 'evening' intake, we used broad definitions including; energy consumed after 19:00, energy consumed during and after the evening/main meal or the definition used by the authors. Eligible studies were cross sectional, cohort longitudinal and randomised controlled trials.

Results: Complete results for this review will be available by the conference dates.

Discussion: Understanding the relationship between the distribution of daily energy intake and weight may help to shape dietary recommendations for obesity prevention and treatment for